

Preparing For A Trauma Site Review: Timeline & Checklist

The following information is for Montana Trauma Coordinators on what to anticipate when preparing for a trauma designation site review. Preparing for the visit and participation on the day of the visit should involve everyone on the trauma team, not just the Trauma Coordinator. Be sure to engage all team members!

12-14 months prior:

(Why this early? So that there is time to implement changes and demonstrate results at the review.)

- ☐ Review criteria & requirements for your level trauma center (see Montana Trauma Facility Designation Criteria on EMSTS website: <http://dphhs.mt.gov/publichealth/EMSTS>)
- ☐ Ensure ongoing educational requirements are being maintained and tracked by relevant staff members
 - Board certification, ATLS, CME, TNCC, etc... Consider adding education/certification as an agenda item for each trauma team meeting.
- ☐ Ensure ongoing committee meetings are arranged (both trauma committee and peer review committee)
 - Written documentation of meeting minutes, agendas, attendance
 - Documentation of committee meeting discussions, case reviews, conclusions and subsequent actions
 - Implementation of actions
 - Evaluation method for loop closure
- ☐ Assess your Performance Improvement program –
 - Are chosen audit filters still relevant?
 - Are you learning things from cases caught by your filters?
 - Are you reviewing system issues, medical issues and patient outcomes?
 - Examples of types of audit filters:
 - Process: resuscitation, patient handoff, length of time in ED, Trauma Team Activation (TTA) response times etc...
 - Clinical: Operative timeliness, failed non-operative management, c-spine clearance etc...
 - Performance: Diagnosis delays, radiology misreads, timeliness of interventions, discharge planning etc...
 - Trauma deaths receive automatic review
- ☐ Trauma patients from this point forward will be subject to the medical record review during the survey
- ☐ Call/email the state trauma staff to ask questions:
 - Trauma Manager: 406-444-0752
 - Trauma Coordinator: 406-444-4459

4-6 months prior:

- ☐ Download the Pre-Review Questionnaire (PRQ) from the above web site
- ☐ Begin gathering, reviewing and updating relevant documents to complete PRQ:
 - Trauma policies

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- Trauma protocols
- Job descriptions
- Board resolution
- Resolution from medical staff
- Organizational chart
- Trauma team roles and responsibilities
- Trauma team activation protocol/policy
- Trauma flowsheet
- Trauma transfer plan/protocol
- Inter-facility transfer agreements
- ☐ Some records/charts to become familiar with include:
 - All trauma deaths
 - All transfers
 - Spinal cord trauma
 - Major head trauma
 - Returns within 72 hrs.
 - Combination chest & abdominal trauma
 - Pediatric patients
- ☐ Identify who will participate in the onsite review and preparation. Be sure to include:
 - Trauma Coordinator (TC)
 - Trauma Registrar (if separate from TC)
 - Trauma Medical Director (TMD)
 - Administration (CEO, CNO, CFO etc...)
 - Radiology
 - Laboratory
 - EMS Representative
 - Medical directors and providers for ED, surgery, ICU, rehab
 - Quality
 - ED Manager
- ☐ Get input from each department to make sure they know what is written on their part of the application
- ☐ Work with State Trauma Manager to select date of review
- ☐ Get date on calendar—ensure everyone listed above is notified of this date

Note: Both the Trauma Coordinator & Trauma Medical Director is encouraged to participate in the entire site visit.

6-8 weeks prior to the review:

- ☐ Complete the PRQ
- ☐ Submit the 3 required copies to Trauma System Manager
- ☐ Book a conference room at your facility for the review

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Note: Before submitting application, double check your numbers and have key trauma team personnel review application for accuracy and completeness.

1 – 2 weeks prior:

- ☐ Prepare a short program overview/presentation. This does not have to be a formal presentation (examples include: PowerPoint presentation, handouts, TC discussion etc...) In this overview provide the following information:
 - Give brief overview of your community, facility & EMS services in the area
 - Give the highlights from past 3 years showing trauma program development
 - Note major personnel changes and current challenges
 - Show how you addressed recommendations from previous designation (if a re-designation)
 - Give example of a successful PI project
 - Please provide a hard copy of presentation to each reviewer (usually 3 copies)
- ☐ Remind all participants about review and provide copy of schedule
 - You will receive a schedule of events from Trauma System Manager after a date has been arranged
- ☐ Notify relevant personnel regarding facility tour (see below for tour information). Let nurses, techs and other staff know that there will be strangers in the building asking questions about trauma
- ☐ Make food arrangements for the review team (a working lunch needs to be provided. It does not need to be fancy)
- ☐ Secure necessary equipment & supplies (audiovisual aids, computers for chart review etc...)
- ☐ Ensure all charts are prepped and ready.
 - Trauma charts will be reviewed for:
 - Completeness of data and documentation
 - Timeliness of care
 - Adherence to trauma policy
 - Evidence-based clinical management (ATLS protocols followed)
 - Systematic evaluation of care for trauma patients. Standardized approach to recurring care issues to minimize unnecessary variation between patients
 - We request paper copies of the following:
 - EMS trip sheet (if applicable)
 - Trauma flow sheet, if used (ED documentation)
 - Provider's dictation/note
 - History & Physical
 - Discharge summary/transfer
 - Performance improvement associated with each case
 - Peer review, if applicable, with each case

Note: Once the medical record is read, the reviewer would like to see the corresponding completed trauma registry abstract form and performance improvement documentation for that specific patient which may include meeting minutes where the case was reviewed. Any outcomes from performance improvement such as education provided or

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guideline development should be included. Optimally, the performance improvement documentation accompanies each separate trauma medical record.

- ☐ The electronic medical record (if applicable) is available to look up anything additional (lab results, radiology results, surgery/OR and ICU documentation etc...)
 - If electronic chart, please have one computer and one staff member available to help navigate the electronic chart for each reviewer.
- ☐ Ensure Supplemental Documentation is present for review. Organize & label for easy reference.
 - Trauma Committee meeting minutes
 - Injury Prevention activities
 - Disaster drills & exercises
 - Performance Improvement projects
 - Peer Review minutes
 - Education documentation for staff
 - EMS outreach and participation with your program
 - Policies/Protocols/Guidelines related to care of a trauma patient
 - Do the policies make sense for your level of facility? Are the policies clear so that locum doctors or travel nurses could read and understand your practice? Do the policies accurately reflect your practice?
 - Physician call schedules

Day before the survey:

- ☐ Relax. Your advanced planning and preparation has paid off!

Day of Review:

- ☐ Arrive prior to scheduled time to finalize any last minute details and prep room & equipment
- ☐ Opening Conference: The site review will begin with an opening conference. This allows an opportunity for reviewers to provide an overview of the designation process, ask clarifying questions regarding the PRQ and interview key personnel.
 - Will commence at scheduled start time
 - Following introductions, facilities are encouraged to begin with your presentation you've prepared
 - Reviewers will ask questions of people present and specifics about your program
- ☐ Facility Tour: Follow the path of the patient
 - Emergency Department
 - EMS & public entrances
 - Helipad location
 - Decontamination resources (Do not need to set-up anything)

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- Equipment, staffing, availability of resources
- Posted Trauma Team Activation. How to activate your team
- EMS radio/communication
- Location of critical care supplies/equipment/medication for adult & pediatric patients

Note: The equipment and supplies listed in the Montana Trauma Facility Resource Criteria is to be inspected while the reviewers are in the ED. Be sure to know what items are on the list and ensure that each item is available. Assign a staff member to assist the team in locating the items.

- Lab
 - Response to trauma team activation. On-call vs. in-house
 - Turnaround for STAT tests
 - Point of care testing
 - Blood availability to the ED
 - Massive/Rapid transfusion protocol (if applicable)
- Radiology
 - Response to trauma team activation. On-call vs. in-house
 - Equipment, staffing, availability
 - Oxygen, suction, crash cart & patient monitoring
 - Method for film interpretation, including after hours.
 - Process for over-reading and follow-up
- Operating Room/PACU (if applicable)
 - Response to trauma team activation. On-call vs. in-house
 - Equipment and staffing
 - Availability after hours
 - Trauma-related education
 - Availability of an OR for a trauma patient requiring immediate surgery
- ICU (if applicable)
 - Equipment
 - Nurse to patient ratio
 - Bed availability for a critical trauma patient
 - Management of trauma patients in the ICU
 - Trauma-related education for staff
- Rehab (if applicable)
 - Range of services available
 - Policy regarding the referral of trauma patients
 - Availability of services during acute phase of treatment
 - Transfer agreements if services are not available on-site

☐ Chart Review with TMD & TC:

- Review the medical records & PI for trauma patients meeting trauma registry criteria for the year identified in the application

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- Typically the surgeon reviewer and nurse reviewer will be reviewing charts and the third reviewer will review the supplemental documentation (policies, minutes etc...) If only a surgeon & nurse reviewer are present, the nurse reviewer will review the supplemental documentation and perform chart reviews, as time permits.
- ☐ Closed Reviewer Meeting
 - Reviewers will ask everyone to step out and return in approximately 30 min. while they discuss their findings & recommendations
- ☐ Exit Interview
 - Include/invite all the same persons present at the Opening Conference
 - The reviewers will give verbal report of findings of the designation visit and put them into categories: Deficiencies, Strengths, Weaknesses/Opportunities for Improvement, and Recommendations.
 - Reviewers will give their recommendation of designation outcome: Full Designation (3 years), Provisional Designation (typically 1 year followed by a focus review or submission of needed documentation), or No Designation.
 - This recommendation will be forwarded to the Performance Improvement Committee of the State Trauma Care Committee (STCC) to review and make the final determination of designation at their quarterly meeting.
- ☐ Final reports (one narrative and one PI checklist), letter of site visit outcome, and certificate will be sent out via certified mail to the CEO with copies to the TMD & TC following STCC meeting.

Note: Facilities are encouraged to take notes and are welcome to audio or video record the exit conference. Findings will be discussed in detail during the exit interview, however, a written document will not be provided.

Post Review Checklist

Within 3 months of receiving your official report following a completed review:

- ☐ Review the program strengths, deficiencies, weaknesses and recommendations from the review
 - Review strengths, know what your facility is doing well and build on your strengths
- ☐ Develop work plan for addressing necessary or desired changes
- ☐ Develop timeline for completion
- ☐ Call/email state trauma staff with questions.

Note: You don't want to wait until a few months before an upcoming site visit to assess the progress made since your last review. To avoid stress, program assessment and improvements should occur continually throughout the designation period.